

## Michelle Fisher Young Memorial Arbor/Bench Program

NAME:				_ DATE:
ADDRESS:				
PHONE #	CELL	#	E-MAIL:	
NAME OF ORGANIZA	TION (IF ANY):_			
NAME OF PERSON TO	O BE COMMEM	ORATED:		
PARK NAME/LOCATI	ON:			
TYPE OF TREE:	Oak	Dogwood Sycamore specify	Maple	Weeping Cherry
COST: \$150	- \$200	\$200 - \$250	\$250 - \$300	\$300 - \$350
BENCH INSTALLED:	\$150			
(Make Check or Mon	ey Order Payab	le to the Town of	Islip)	
BRONZE PLAQUE TO	BE INSTALLED:	YES	NO (Must be pur	chased privately)
PLAQUE SIZE:	3" x 6"	1" x 8" Other, specify size		
TEXT ON PLAQUE:				
REQUESTED DATE OI	F INSTALLATION	:		
		_		nted tree. The Town maintains the ar and care for tree as necessary.
SIGNATURE				